

IDAHO DEPARTMENT OF AGRICULTURE
ORGANIC FARM HISTORY

DATE

NAME

1. What crops are raised for sale?
2. What crops are raised organically? List each crop and the estimated date of harvest.

CROPS	DATE OF HARVEST

3. What crops are raised non-organically? _____

4. What is your organic plan? In other words, what practices are you using on your organic fields to increase or maintain the soil's organic matter, fertility and tilth? List any materials, application rates and dates of application.

MATERIALS	APPLICATION RATES	APPLICATION DATES

5. List your problem insects and the methods you use for their control.
6. How do you control weeds in your organic fields?

[illegible]

11. Describe your post harvest storage and handling. Do you encounter any rodent, disease or insect problems in storage?

Yes _____ No _____

If the answer is yes, describe control methods you use.

12. Are your organic products stored with the non-organic products you have grown?

Yes _____ No _____

If the answer is yes, describe how the products are segregated to prevent co-mingling and misidentification.

13. Additional information regarding your organic status.

I affirm that all statements made on this form are true and correct.

Grower Signature _____ Date _____